PTO/SB/17 (08-00)
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FEE TRANSMITTAL									Complete If Known							
								Application Number					10/080,547			
O I Hater Sees are subject to annual revision.								Filing Date				2	25 February 2002			
(5)								First Named Inventor				J,	JAE-SEOK JEONG			
SEP 2 2 2003 (\$)								Examiner Name					GEMMELL, E.			
								Group/Art Unit				2882				
TOTAL AMOUNT OF PAYMENT (C) 279 00								Attorney Docket No.				P56649				
METHOD OF PAYMENT (\$) 278.00 METHOD OF PAYMENT (check one)									FEE CALCULATION (continued)							
1 The Commissioner is hereby authorized to charge indicated									ADDITIO	NAL F			- Continuou,			
fees and credit any over payments to:									Entity	Small	Entity					
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Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.									130	2051	65	Surcharge-late filing fee	e or oath	\$		
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2. ■ Payment Enclosed:									2,520	1812	2,520	For fling a request for r	eexamination	\$		
(CHECK #44771) ■ Check □ Credit Card □ Money Order □ Other								1804	920*	1804	920*	Requesting publication	n of SIR prior to Exami	ner \$		
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1. E	ASIC	FILING	FEE					1251	110	2251	55	Extension for reply with	in first month	\$ 1	110.00	
Large i	Entity	Small	Entity					1252	410	2252	205	Extension for reply with	in second month	\$		
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1002	330	2002	165	_	-		\$	1401	320	2401	160	Notice of Appeal	af an Sawaul	\$		
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2. EXTRA CLAIM FEES								4	1,300	2453	650	Petition to revive - unin	· · ·	ED's	0	
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Claims								1807	50	1807	50	Processing fee for prov	isional applications 🎨	\$		
Multiple Dependent =								1806	180	1806	180		ion Disclosure Statement	\$		
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity									40	8021	40	Recording each patent (Times number of prop	assignment per property erties)	\$		
Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee	Description	on	1809	750	2809	375	Filing a submission after (37 C.F.R. §1.129(a))	er final rejection	\$		
1201	84	2201	42	-		ims in exc	ess of 3	1810	750	2810	375	For each additional inve (37 C.F.R. §1.129(b))	ention to be examined	\$		
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1203 1204	280 84	2203 2204	140 42	Multiple dependent claim, if not paid ** Reissue independent claims over				1801	750	2801	375	Request for Continued	Examination (RCE)	\$		
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Typed or Printed Name Robert E. Bushr						ell, E	sq.			Reg. Number	27,774					
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